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05/29/2009

WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP 1250 CONNECTICUT AVENUE NW - SUITE 700 WASHINGTON, D.C. 20036

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> (Depositor's name) (Signature) (Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE January 4, 2002 Michael WIEDEMAN 011715 2251 10/035.334

TITLE OF INVENTION: VEHICLE SEAT

PREV. PAID ISSUE FEE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE DUE TOTAL FEE(S) DUE DATE DUE NO \$1510 \$300 \$0 \$1810 08/31/2009 nonprovisional

**EXAMINER** ART UNIT CLASS-SUBCLASS Anthony D. Barfield 3636 297-248000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys WESTERMAN, HATTORI, CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a DANIELS & ADRIAN, LLP. ☐ "Fee Address" indication (or :Fee Address" indication form registered attorney or agent) and the names of up to PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer MARK E. DUELL 2 registered patent attorneys or agents. If no name is

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

## Honda Giken Kogyo Kabushiki Kaisha

## Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): □ Corporation or other private group entity Government 4b. Payment of Fee(s): (please first reapply previously paid issue fee shown above) 4a. The following fee(s) are enclosed: ☐ A check in the amount of the fee(s) is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies \_ ☑ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2866 (enclose an extra copy of this form). Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Authorized Signature

August 28, 2009

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29,988 Registration No.

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